

## Medical Liability Data Collection Application User Guide

### Obtaining User ID and Password

To obtain your User ID and Password, click on the link to the Medical Liability Data Collection – Secured Application. In the bottom-right corner, using the drop-down box, select user type **Malpractice Insurer** then click the “Next” button. Follow the Account Setup Information Instructions. An e-mail will be sent to you with your account activation information. Each person who will be utilizing the application should obtain a separate User ID and Password.

### Accessing the Medical Liability Data Collection Application

The first time you access the application, follow the instructions in the e-mail. Use the link provided in the Account Activation Information e-mail to enter the secured application. Use the provided User ID and Password to log in. From the Application Index Page, click on the link labeled Medical Liability Data Collection Application. If needed, you can upgrade your internet browser or otherwise click the “Next” button.

For subsequent logins, click on the link to the Medical Liability Data Collection – Secured Application. In the bottom-left corner, enter your provided UserID and Password to log in. From the Application Index Page, click on the link labeled Medical Liability Data Collection Application.

### Contact Information

Once in the application, the first screen that appears is Contact Information. The first time you enter the application, the screen will be blank. Enter your name, phone number and e-mail address, so that we can contact you if we have any questions regarding the closed claim records. For subsequent logins, the information on this screen remains. If you need to update any information on the screen, make the necessary changes and click “Update”. If no changes are needed, click “Next”.



**Medical Liability Data Collection**

Please enter the contact information below.

**Complete all fields below.**

**Contact Information**

First Name

Last Name

Phone Number

Fax Number

E-Mail

Update

Next

## Medical Liability Data Collection Application Main Menu

From the main menu you have the capability to insert a new record, update an existing record, print the details of a record or delete an existing record. Keep in mind that you can only update, print or delete records that you have inserted.

**OHIO** Department of  
**INSURANCE**

**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

**Medical Liability Data Collection**

[Insert New Record](#) [Print Record Detail](#)


[Update a Record](#) [Delete a Record](#)

[Help Documents](#)

### Insert New Record

A separate record must be entered for each individual person or entity “insured” by you that is involved in the closed claim. We use the term “insured” loosely in that we are meaning those individuals or entities for whom you provide coverage for medical liability. If one closed claim involved three physicians “insured” by you, we anticipate that three records will be entered. If one claim involved a physician and his corporation, we anticipate that two records will be entered. A record is not inserted until the “insurer” has closed the claim according to their business practices. Although you are not required to insert the record until the following May, you may find the process to be more efficient to insert the record when the claim closes. Throughout the screens we also use the term “defendant” to represent the individual person or entity for which you have provided medical liability coverage. However, once again we use the term loosely, since we understand that not all medical liability claims result in a suit being filed where the individual or entity is actually named as a defendant in a suit. It is not necessary to report 180 day letters as closed claims.

## Step 1 - Claim Information Screen



**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

**Medical Liability Data Collection**

**Complete all fields below.**

**Claim Information**

Insurer's Claim ID#

NAIC Number

Name of Insurer

Type of Insurer

Is Insurer

☐ Primary ☐ Excess

Defendant's Policy #

Defendant's Per Claim Policy Limits

Select One

OR

\$

Defendant's Aggregate Policy Limits

Select One

OR

\$

Do These Policy Limits Apply On

☐ An Individual ☐ Shared Basis

Date Claim Was Reported to Insurer/Opened by Insurer

(mm/dd/yyyy)

Closure Date For This Defendant

(mm/dd/yyyy)

If a record had been previously reported to ODI as closed, then provide the Date Reopened

(mm/dd/yyyy)

Original Claim ID#

Is Defendant an

☐ Individual ☐ Entity/Corporation


Update

Main Menu

NOTE: Once you click 'Next', do not use the browsers 'Back' button to change your data.

The first screen that will be entered for every claim record is the claim information screen. Provide the claim ID#, which we understand in many instances is not unique to a "defendant". The claim ID# does not have to be unique. Next, provide the "insurer's" NAIC number. If the company does not have a NAIC number, leave the field blank. Provide the name of the "insurer". We use the term "insurer" loosely in that we are seeking the name of the insurance company or entity that is providing the coverage for medical liability. Using the drop-down box, select the appropriate type of "insurer". The types of "insurers" to choose from are (1) Insurance Company – Authorized/Admitted, (2) Insurance Company – Surplus Lines, (3) Risk Retention Group and (4) Self Insurers (Captives). Next indicate if the "insurer" is providing the "insured" primary or excess coverage. Utilize the drop-down boxes to denote the per claim and aggregate policy limits or if the correct amounts are not shown, type them in the provided fields. Next denote if these policy limits apply on an individual basis or shared basis. Provide the claim record's open and closed dates. In some instances, an "insurer" may believe a claim to be closed and thus report it to ODI, but then circumstances result in the claim being re-opened and re-closed. In these instances, provide the re-opened date and the ID# assigned to the original claim. The last question is whether the defendant is an entity or corporation. Your selection will determine which screen you will proceed to – Step 2A or Step 2B.

## Step 2A – Individual Defendant Information Screen



**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

**Medical Liability Data Collection**

**Complete all fields below.**

**Individual Defendant Information**

Defendant's Medical License #

Defendant's First Name

Defendant's Middle Name

Defendant's Last Name

Defendant's County Of Office Practice On Injury Date

Select One

Defendant's Profession

Select One

Specialty Category

☐ Physicians / Surgeons ☐ Miscellaneous

Defendant's Specialty

Next

Main Menu

If you do not have the “defendant’s medical license #, a source for this number is the State Medical Board of Ohio. A link to their website is <http://www.med.ohio.gov/lookupinstructions.htm>. A drop-down is provided to select either one of the 88 Ohio counties or Out-Of-State. For Defendant’s Profession, you will select most appropriate with your choices being (1) Physician/Surgeon, (2) Dentist, (3) Optometrist, (4) Chiropractor, (5) Podiatrist/Chiropodiatrist, (6) Nurse and (7) Other. For Specialty Category you will either select Physicians/Surgeons or Miscellaneous. Based on the selection, the Defendant’s Specialty table will populate and you will then select the most appropriate specialty for the individual, then click the “Next” button to proceed to Step 3.

6/21/2005

## Step 2B – Entity/Corporation Defendant Information Screen



**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

**Medical Liability Data Collection**

**Complete all fields below.**

**Entity/Corporation Defendant Information**

Defendant's FEIN #   
##-#####


Defendant's Name

Defendant's County Of Location On Injury Date

Defendant's Profession Code

Provide the “defendant’s” FEIN in the prescribed format. A drop-down list is provided to select either one of the 88 Ohio counties or Out-Of-State as the “defendant’s” county of location. For Defendant’s profession code, select the most appropriate with your choices being (1) Hospital, (2) Nursing Home/Assisted Living, (3) Pharmacy, (4) Clinic, (5) Corporation, (6) Hospice or (7) Other and then click the “Next” button to proceed to Step 3.

### Step 3 – Injury Information Screen



**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

**Medical Liability Data Collection**

**Complete all fields below.**

**Injury Information**

Injured Person's First Name

Injured Person's Last Name

Injured Person's County of Residence At Time of Injury

Injured Person's Date of Birth  (mm/dd/yyyy)  
OR

Injured Person's Sex ☐ Male ☐ Female

Date of Injury  (mm/dd/yyyy)

County Where Injury Took Place

Location Where Primary Injury/Complaint Took Place

If Institution, Name of Institution Where Injury Occurred

Primary Complaint/Injury/Alleged Injury

Was Claim Due To Birth Injury? ☐ Yes ☐ No

Severity of Primary Injury

Was A Suit Filed In The Court System Against This Defendant? ☐ Yes ☐ No

For every claim record, information will be provided regarding the person injured or allegedly injured by the “defendant”. Provide the injured person’s first and last name. A drop-down list is provided to select either one of the 88 Ohio counties or Out-Of-State as the injured person’s county of residence at the time of injury and the county where the injury took place.

Provide the injured person’s date of birth, or if unknown, select from the drop-down box the appropriate age category at the time of injury. The options are (1) Infant-less than 1 year old, (2) Minor-Ages 1 to 17, (3) Adult – Ages 18 to 64 or (4) Senior- Age 65+. Select the injured person’s sex. Provide the date of injury.

Next select the most appropriate location where primary injury/complaint took place. The choices are (1) Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank), (2) Critical Care Unit (ICU/CCU/NICU), (3) Emergency Room/Emergency Department, (4) Hospice Area or Facility, (5) Medical Professional's Office, (6) Mental Health (Includes Psychiatric and Drug & Alcohol Addiction) (7) Nursery/Pediatric Ward (8) Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care), (9) Obstetrics Department (Labor & Delivery, Recovery & Post-Partum), (10) Operating Suite (Includes Pre-Op & Operating Rooms), (11) Outpatient/Ambulatory Care Areas or Facilities, (12) Patient's Home, (13) Patient's Room (Including Patient Bathroom for Inpatient Areas Not Otherwise Specified), (14) Physical Therapy Department, (15) Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine) (16) Recovery Room (Post-Anesthesia Care Unit), (17) Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc...), (18) Facility Support Area (Including Administrative Area, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms), (19) Other (No Listed Location Applies).

Next enter the actual name of the institution where the injury occurred, if the injury occurred at an institution.

Next select the primary complaint, injury or alleged injury from the drop-down box. The options are (1) Anesthesia-Related (Improper Choice, Improper Administration, etc...), (2) Blood-Related (Wrong Blood Type, Contaminated Blood, etc...), (3) Breach of Confidentiality, (4) Communication Related (Failure To Instruct, Failure to Obtain Consent, etc...), (5) Diagnosis-Related (Failure to Diagnose, Misdiagnosis, Delay in Diagnosis, etc...) (6) Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc...), (7) Medical Treatment, Non-Obstetrical (Failure to Treat, Delay in Treatment, Improper Treatment, etc...), (8) Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc...), (9) Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc...), (10) Patient Monitoring-Related (Failure to Monitor, etc...), (11) Policies & Procedure-Related (Failure to Follow, Negligent Credentialing, etc...), (12) Safety & Security-Related (Falls, Failure to Ensure Safety, Failure to Protect from Assault), (13) Supervision-Related (Supervision of Residents, Nurses, etc...), (14) Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc...), (15) Other (No Listed Category Applies).

Select if the claim was due to a birth injury.

Provide the severity and duration of the primary injury by selecting from the list provided in the drop-down box. Your choices are (1) Emotional, (2) Temporary Insignificant, (3) Temporary Minor, (4) Temporary Major, (5) Permanent Minor (6) Permanent Significant, (7) Permanent Major, (8) Permanent Grave, (9) Death.

The last question is whether a suit was filed in the court system against the "defendant". (It may be possible that a suit was filed in the court system due to the injury sustained by the injured party, but this particular "defendant" was not named in the lawsuit. If that instance, you would select "No".) Your selection of "Yes" or "No" will determine if you proceed to Step 4 or Step 8.



#### Step 4 – Court Information Screen

The screenshot shows the 'Medical Liability Data Collection' interface. At the top left is the Ohio Department of Insurance logo. At the top right, it lists 'Ann Womer Benjamin, Director' and the address '2100 Stella Court Columbus, Ohio 43215'. Below this is a navigation bar with links: 'ODI Home', 'Update User Info', 'Change Password', 'Index Page', and 'Logout'. The main content area is titled 'Medical Liability Data Collection' and contains a section 'Court Information' with the instruction 'Complete all fields below.' The form includes: 'Date Suit Filed' with a text input field and a '(mm/dd/yyyy)' label; 'Court Case #' with a text input field; 'County Where Suit Was Filed' with a dropdown menu showing 'Select One'; and a question 'Did The Suit Result In A Judgment Award That Included This Defendant?' with 'Yes' and 'No' radio button options. At the bottom are 'Next' and 'Main Menu' buttons.

Provide the date the suit was filed in court. Next, enter the case number issued by the court. Select the county where the suit was filed from the drop-down box. The last question is whether the suit resulted in a judgment award that included this defendant. Your selection of "Yes" or "No" will determine which screen you will proceed to - Step 5 or Step 8.


#### Step 5 – Judgment Information

The screenshot shows the 'Medical Liability Data Collection' interface for the 'Judgment Information' section. It features the same header and navigation bar as the previous screen. The main content area is titled 'Medical Liability Data Collection' and contains a section 'Judgement Information' with the instruction 'Complete all fields below.' The form includes a question: 'Was judgment subject to Itemization Requirements of ORC 2323.43B (Non-Economic Damages Cap)?' with 'Yes' and 'No' radio button options. At the bottom are 'Next' and 'Main Menu' buttons.

Select if the judgment was subject to itemization requirements of ORC 2323.43(B). This law limits the amounts that may be awarded for non-economic damages. Your selection of "Yes" or "No" will determine which screen you will proceed to - Step 6 or Step 7.



## Step 6 – Yes to ORC 2323.43(B) Information Screen



**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

**Medical Liability Data Collection**


**Complete all fields below.**

**Yes ORC 2323.43B Information**

Amount Jury Awarded for Economic Damages Before Reductions	\$	<input type="text"/>
Amount Jury Awarded for Non-Economic Damages Before Reductions	\$	<input type="text"/>
Amount Jury Awarded for Punitive Damages Before Reductions	\$	<input type="text"/>
Final Judgment Amount Awarded for Economic Damages	\$	<input type="text"/>
Final Judgment Amount Awarded for Non-Economic Damages	\$	<input type="text"/>
Final Judgment Amount Awarded for Punitive Damages	\$	<input type="text"/>
Date of Final Judgment		<input type="text"/> (mm/dd/yyyy)

Concerning the first three fields, enter the amount of awarded for economic, non-economic and punitive damages. These amounts represent the court's factual findings in determining damages without respect to the capping of limits for compensatory damages set forth in ORC 2323.43. In the next three fields, enter the final judgment amounts for economic, non-economic and punitive damages. These amounts may be same as the preceding jury awarded amounts or they may be different based on a judge's ruling or the triggering of the capping of limits for compensatory damages as set forth in ORC 2323.43. Enter the date of the final judgment. Clicking on "Next" will take you to Step 8. (If the trial involved multiple defendants, we are aware that this award would be paid by all, not just this particular "defendant")

Step 7 – No ORC 2323.43B Information Screen



**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

**Medical Liability Data Collection**

**Complete all fields below.**

**No ORC 2323.43B Information**

Amount Jury Awarded for Compensatory Damages	\$	<input type="text"/>
Amount Jury Awarded for Punitive Damages	\$	<input type="text"/>
Final Judgment Amount Awarded for Compensatory Damages	\$	<input type="text"/>
Final Judgment Amount Awarded for Punitive Damages	\$	<input type="text"/>
Date of Final Judgment		<input type="text"/> (mm/dd/yyyy)

Enter the jury awarded amounts for compensatory and punitive damages. In the next fields enter the final judgment for compensatory and punitive damages. These amounts may be same as the preceding jury awarded amounts or they may be different based on a judge's ruling. Enter the date of the final judgment. Click "Next". This will take you to Step 8. (If the trial involved multiple defendants, we are aware that this award would be paid by all, not just this particular "defendant")

## Step 8 – Settlement Question Yes or No Screen

The screenshot shows the Ohio Department of Insurance website header with the logo and contact information for Ann Womer Benjamin, Director. The navigation bar includes links for ODI Home, Update User Info, Change Password, Index Page, and Logout. The main content area is titled "Medical Liability Data Collection" and contains a "Settlement Question" section. The question is "Did The Claim/Suit Result In A Settlement That Included This Defendant?" with radio buttons for "Yes" and "No". Below the question are "Next" and "Main Menu" buttons.

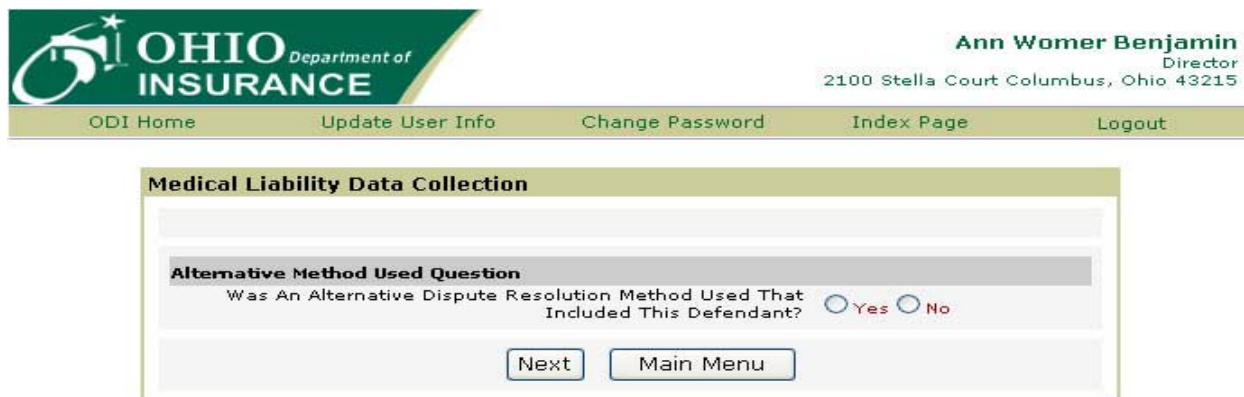
Answer if the claim or suit resulted in a settlement that included this “defendant”. Selecting “Yes” or “No” to the settlement question will determine if you proceed to Step 9 or Step 10.

## Step 9 - Settlement Information Screen

The screenshot shows the Ohio Department of Insurance website header with the logo and contact information for Ann Womer Benjamin, Director. The navigation bar includes links for ODI Home, Update User Info, Change Password, Index Page, and Logout. The main content area is titled "Medical Liability Data Collection" and contains a "Settlement Information" section. The section is titled "Complete all fields below." and includes a "Settlement Information" form. The form has a "Date of Settlement" field with a placeholder "(mm/dd/yyyy)". Below this are three fields for "Total Settlement Amount To Claimant(s) For Medical Expenses", "Total Settlement Amount To Claimant(s) For Wage Loss", and "Total Settlement Amount To Claimant(s) For All Other Expenses/Damages", each with a dollar sign and a text input field. Below these is an "OR" label and a field for "If Settlement Was Not Detailed, Provide Total Settlement Amount to Claimant(s)" with a dollar sign and a text input field. At the bottom are "Next" and "Main Menu" buttons.

Provide the settlement date. If the final settlement amounts were allocated into medical expenses, wage loss and other expensed, then provide those amounts in the next three fields. Otherwise, provide the total settlement amount in the last field. Click the “Next” button to proceed to the next screen. (If the settlement involved multiple defendants, we are aware that these amounts would be paid by all, not just this particular “defendant”)

## Step 10 – Alternative Dispute Resolution “Yes” or “No” Screen



**OHIO** Department of  
**INSURANCE**

**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

ODI Home Update User Info Change Password Index Page Logout

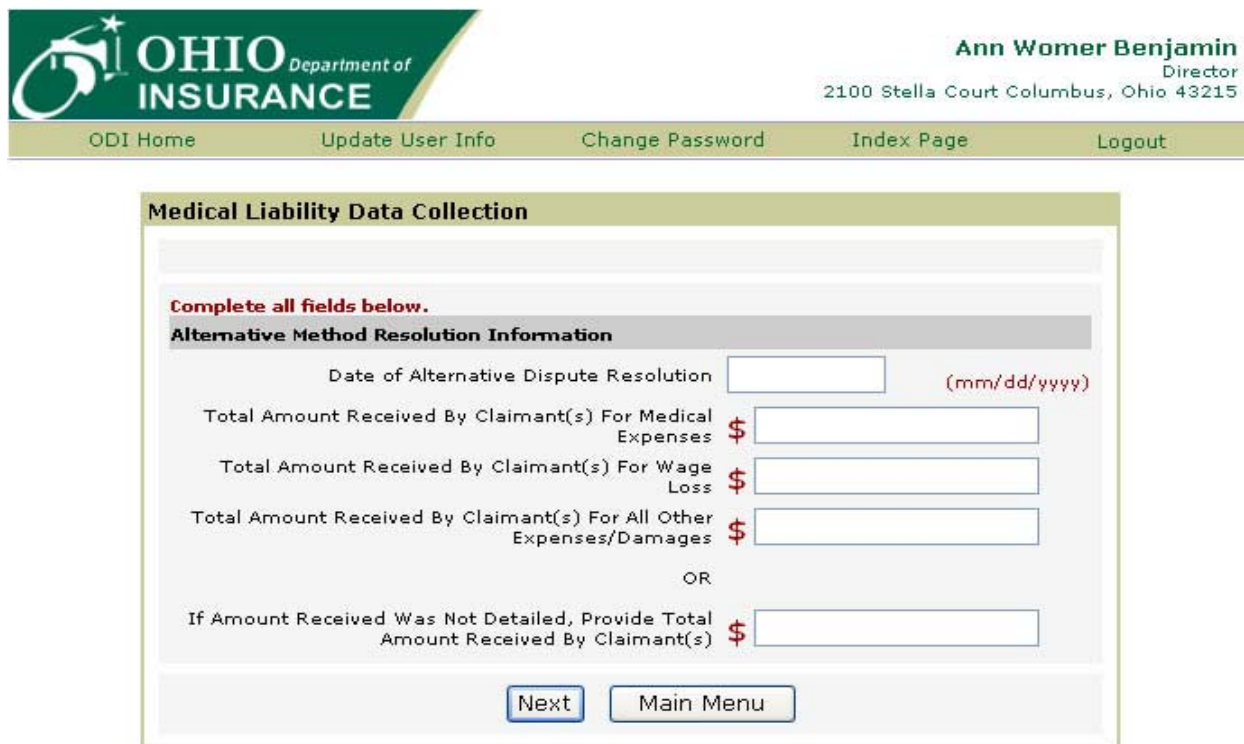
**Medical Liability Data Collection**

**Alternative Method Used Question**  
Was An Alternative Dispute Resolution Method Used That Included This Defendant? ☐ Yes ☐ No

Next Main Menu

Answer if the claim used an alternative dispute resolution method such as arbitration or mediation that included this “defendant”. Selecting “Yes” or “No” to the question will determine if you proceed to Step 11 or Step 12.

## Step 11 - Alternative Dispute Resolution Information Screen



**OHIO** Department of  
**INSURANCE**

**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

ODI Home Update User Info Change Password Index Page Logout

**Medical Liability Data Collection**

**Complete all fields below.**

**Alternative Method Resolution Information**

Date of Alternative Dispute Resolution  (mm/dd/yyyy)

Total Amount Received By Claimant(s) For Medical Expenses \$

Total Amount Received By Claimant(s) For Wage Loss \$

Total Amount Received By Claimant(s) For All Other Expenses/Damages \$

OR

If Amount Received Was Not Detailed, Provide Total Amount Received By Claimant(s) \$

Next Main Menu

Provide the alternative dispute resolution date. If the final resolution amounts were allocated into medical expenses, wage loss and other expensed, then provide those amounts in the next three fields. Otherwise, provide the total resolution amount in the last field. Click the “Next” button to proceed to the next screen. (If the alternative dispute resolution involved multiple defendants, we are aware that this award would be paid by all, not just this particular “defendant”)

Step 12 - Final Method of Claims Disposition Information Screen

**OHIO** Department of  
**INSURANCE**

**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

ODI Home    Update User Info    Change Password    Index Page    Logout

**Medical Liability Data Collection**

**Complete all fields below.**

**Final Method of Claims Disposition Information**

What Was The Final Method of Claims Disposition For This Defendant?


Select One

Was This Claim Closed For This Defendant With or Without Indemnity Payment? ☐ With ☐ Without

Next    Main Menu

From the drop-down box, select the most appropriate final method of claims disposition for the “defendant.” The choices are (1) Claim or Suit Abandoned Without Indemnity Payment, (2) Dismissed With Prejudice/Summary Judgment, (3) Disposed of by Court Verdict, (4) Disposed of by Settlement Agreement, (5) Disposed of by Alternative Dispute Resolution. Next, indicate if the claim closed “With” or “Without” indemnity payment. This will take you to either Step 13 or Step 14. Finally, click on the “Next” button.

### Step 13 - Closed With Indemnity Payment Screen



**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

**Medical Liability Data Collection**

**Complete all fields below.**

**Closed With Indemnity Payment**

Indicate if expenses have been Previously Entered on a Claim Basis. ☐

Amount Paid to Defense Counsel For Legal Fees For This Defendant \$

Amount Paid to Defense Counsel For Other Expenses For This Defendant \$

All other LAE Paid By You for This Defendant \$

Total Indemnity Paid By You On Behalf Of This Defendant \$

Concerning multiple “defendants,” if you are unable to report defense counsel legal fees, defense counsel other expenses and other LAE on a “defendant” basis, then enter the total fee and expense amounts for the claim.

For subsequent “defendant” entries, under the same claim, check the box indicating that fees and expenses have been previously entered on a claim basis.

The “Total Indemnity Paid” field should always be reported (entered) on a “defendant” basis. Even if the fees and expenses are reported on a claim basis.

Click the “Next” button. You have now provided a complete record for this “defendant” and the application will direct you to the Medical Liability Data Collection Application Main Menu.




**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

**Medical Liability Data Collection**



## Step 14 - Closed Without Indemnity Payment Screen



**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

### Medical Liability Data Collection

**Complete all fields below.**

**Closed Without Indemnity Payment**

Indicate if expenses have been Previously Entered on a Claim Basis. ☐

Amount Paid to Defense Counsel For Legal Fees For This Defendant \$


Amount Paid to Defense Counsel For Other Expenses For This Defendant \$

All other LAE Paid By You for This Defendant \$

Concerning multiple “defendants,” if you are unable to report defense counsel legal fees, defense counsel other expenses and other LAE on a defendant basis, then enter the total fee and expense amounts for the claim.

For subsequent “defendant” entries, under the same claim, check the box indicating that fees and expenses have been previously entered on a claim basis.

Click the “Next” button. You have now provided a complete record for this “defendant” and the application will direct you to the Medical Liability Data Collection Application Main Menu.



**Ann Womer Benjamin**  
Director  
2100 Stella Court Columbus, Ohio 43215

[ODI Home](#) [Update User Info](#) [Change Password](#) [Index Page](#) [Logout](#)

### Medical Liability Data Collection



#### Updating An Existing Record

From the Main Menu, click on the "Update a Record" button. Enter the ID# of the claim you wish to update and click on the "Retrieve Claim ID" button. If more than one record has the same ID#, you will be prompted to select the applicable record. To assist in the selection process we provide the original date and time the record was entered. From the drop-down box, select the section of the data that requires updating and click the "Next" button. If your update changes any logic, you will be prompted to review other screens to update that information as well. Once the updating is completed, you will be returned to the Main Menu screen.

**IMPORTANT NOTE:** On May 1<sup>st</sup> of each year, the data from prior year will be "locked". If you find that corrections or updates are warranted, please send a request for the information to be updated at [MLDC@ins.state.oh.us](mailto:MLDC@ins.state.oh.us).

#### Deleting An Existing Record

From the Main Menu, click on the "Delete a Record" button. Enter the ID# of the claim you wish to delete and click on the "Retrieve Claim ID" button. If more than one record has the same ID#, you will be prompted to select the applicable record. To assist in the selection process we provide the original date and time the record was entered. To confirm your desire to delete the selected record, click on the "Confirm Delete" button. Once the record is deleted, you will be returned to the Main Menu Screen. If you do not wish to delete the record, click on the "Main Menu" button.

**IMPORTANT NOTE:** On May 1<sup>st</sup> of each year, the data from prior year will be "locked". If you find that corrections or updates are warranted, please send a request for the information to be updated at [MLDC@ins.state.oh.us](mailto:MLDC@ins.state.oh.us).

#### Printing The Record Detail

For verification and quality assurance, you can print the details of the record. From the Main Menu, click on the "Print Record Detail" button. Enter the ID# of the claim you wish to print and click on the "Retrieve Claim ID" button. If more than one record has the same ID#, you will be prompted to select the applicable record. To assist in the selection process we provide the original date and time the record was entered. Once you print the record detail, click on the "Main Menu" button, which appears at the bottom of the record detail.